

FORM 121A



The Commonwealth of Massachusetts
Department of Industrial Accidents
600 Washington Street – 7th Floor, Boston Massachusetts 02111
Info. Line 800-323-3249 ext. 470 in Mass. Outside Mass. - 617-727-4900 ext. 470
<http://www.mass.gov/dia>

**AGREEMENT THAT NO IMPARTIAL
PHYSICIAN REPORT IS REQUIRED**

THIS FORM MUST BE SUBMITTED TO THE ADMINISTRATIVE JUDGE IN A TIMELY FASHION.

Please Print or Type

EMPLOYEE _____ BOARD NUMBER _____

Pursuant to 452 C.M.R. 1.10 the parties make the following agreement under the subsection identified below:

- (5) _____ The disputed matter concerns a §7A and/or death case.
- (5) _____ Dispute over entitlements of prior disability benefits.
- (6) _____ Agreement upon partial disability and causal relationship.
- (7) _____ Agreement that initial liability has not been established.

PARTIES: _____

Pursuant to 452 C.M.R. 1.11(1)(d) at the discretion of the administrative judge at the hearing, the parties have been allowed to make the agreements indicated above.

ADMINISTRATIVE JUDGE _____

----- FOR INTERNAL USE ONLY -----

Impartial Exam Date _____ Fee Date _____

Docketing Unit Processed By _____ Date _____

Impartial Unit Processed By _____ Date _____